

Rulemaking Hearing Rules
of the
Department of Mental Health and Developmental Disabilities
Office of Licensure

Chapter 0940-05-45
Minimum Program Requirements for Alcohol and Drug
Residential Rehabilitation Treatment Facilities

New Rules

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0940-05-45-.01 Definition.

- (1) "Alcohol and Drug Residential Rehabilitation Treatment Facility" means a residential program for service recipients at least eighteen (18) years of age, which offers highly structured services to service recipients with the primary purpose of restoring service recipients with alcohol and/or drug abuse or dependency disorders to levels of positive functioning and abstinence appropriate to the service recipient. A primary goal of these services is to move the service recipient into less intensive levels of care and/or reintegration into the community as appropriate. Services include counseling contacts, lectures/seminars, and other services necessary to meet the service recipients' assessed needs.

0940-05-45-.02 Application of Rules.

- (1) The governing body of a residential rehabilitation treatment program must comply with the following rules:
 - (a) Applicable occupancy rules found in Chapter 0940-5-4-.04 Life Safety Health Care Occupancies for facilities providing services for four (4) or more service recipients who are not capable of self-preservation; Life Safety Board and Care Occupancies for facilities providing services to four (4) or more service recipients; or Life Safety One- and Two-Family Dwellings Occupancies for facilities providing services to two (2) or three (3) service recipients;
 - (b) If services are to be provided in a facility meeting the requirements for Board and Care or One- and Two-Family Dwelling Occupancy and services are provided to one (1) or more mobile non-ambulatory service recipients, then Rule 0940-5-4-.09(2) Mobile Non-Ambulatory rule;

- (c) Adequacy of Facility Environment and Ancillary Services found in Chapter 0940-5-5;
- (d) Minimum Program Requirements for All Facilities found in Chapter 0940-5-6;
- (e) Minimum Program Requirements for Alcohol and Drug Residential Rehabilitation Treatment Facilities found in Chapter 0940-05-45; and
- (f) Use of Isolation, Mechanical Restraint, and Physical Holding Restraint in Mental Health Residential Treatment Facilities found in Chapter 0940-3-9.

0940-05-45-.03 Policies and Procedures.

- (1) The facility must maintain a written policy and procedure manual which includes the following:
 - (a) A description of the intake, assessment and treatment process;
 - (b) A description of its aftercare service;
 - (c) Exclusion and inclusion criteria for service recipients seeking facility services;
 - (d) Requirements that each employee or volunteer comply with procedures for detection, prevention, and reporting of communicable diseases according to procedures of the Tennessee Department of Health;
 - (e) A policy ensuring that employees and volunteers practice infection control procedures and standard precautions that will protect the service recipient from infectious diseases;
 - (f) A quality assurance procedure which assesses the quality of care at the facility. This procedure must ensure appropriate treatment has been delivered according to clinical practice;
 - (g) Drug testing procedures if used by the facility;
 - (h) Procedures to ensure that the facility, either directly or through arrangements with other public or private non-profit entities, will make available tuberculosis (TB) services in accordance with current Tennessee TB Guidelines for Alcohol and Drug Treatment Facilities (TB Guidelines), established by the Department of Health TB Elimination Program and the Department of Mental Health and Developmental Disabilities Division of Alcohol and Drug Abuse, including:
 - 1. Counseling the service recipients about TB;
 - 2. Screening all service recipients for TB and, if applicable, testing service recipients at high risk for TB to determine whether the service recipients have been infected with TB;
 - 3. Providing for or referring the service recipients infected by TB for appropriate medical evaluation and treatment; and
 - 4. Conducting case management activities to ensure that service recipients receive such services.

- (i) Appropriate protocols which guide delivery of treatment and support across a continuum of residential services and reflect the varying severity of illnesses treated and the intensity of services required;
- (j) Policy and procedures which address the methods for managing disruptive behavior. If restrictive procedures are used to manage disruptive behaviors, these policies and procedures must comply with Chapter 0940-3-9 Use of Isolation, Mechanical Restraint, and Physical Holding Restraint in Mental Health Residential Treatment Facilities.

0940-05-45-.04 Personnel and Staffing Requirements.

- (1) Direct treatment and/or rehabilitation services must be provided by qualified alcohol and drug abuse personnel.
- (2) A physician must be employed or retained by written agreement to serve as medical consultant to the program.
- (3) At least two (2) staff members must be on-duty at all times who are certified in cardiopulmonary resuscitation (CPR) and trained in first aid, the abdominal thrust technique, and standard precautions for infection control.
- (4) The facility must have a written weekly schedule of all program services and service recipient activities for each day specifying the type of service/activities and scheduled times.
- (5) The facility must maintain an on-duty and on-site staff-to-service recipient ratio of at least one (1) to sixteen (16) at each building at all times.
- (6) The facility must provide STD/HIV education and counseling as it relates to service recipient care to all direct care staff.
- (7) The facility must provide annual training to personnel responsible for counseling, screening, and providing case management services to service recipients to prevent the transmission of TB.
- (8) The facility must follow current TB Guidelines for screening and testing employees for TB infection.
- (9) Employee records must include date and results of TB screening and, if applicable, tuberculin skin test or equivalent used, date and results of tuberculin skin test, date and results of chest x-ray, and any drug treatment for tuberculosis.

0940-05-45-.05 Service Recipient Assessment Requirements.

- (1) The facility must document that the following assessments are completed prior to development of the Individual Program Plan (IPP); re-admission assessments must document the following information from the date of last service:
 - (a) Assessment of current functioning according to presenting problem, including history of the presenting problem;
 - (b) Basic medical history, a determination of the necessity of a medical evaluation, and a copy, where applicable, of the results of the medical evaluation if deemed necessary by the program physician;

- (c) Screening to identify service recipients who are at high risk for infection with TB according to TB Guidelines, including documentation of the service recipient's risk level and, if applicable, a tuberculin skin test or equivalent, the results of the tuberculin skin test, the date and result of a chest x-ray, and any drug treatment for TB;
- (d) Assessment information, including employment and educational skills; financial status; emotional and psychological health; community living skills and housing needs; and the impact of alcohol and/or drug abuse or dependency on each area of the service recipient's life functioning; and
- (e) A six (6) month history of prescribed medications, frequently used over-the-counter medications, and alcohol or other drugs, including patterns of specific usage for the past thirty (30) days.

0940-05-45-.06 Individual Program Plan Requirements.

- (1) An Individual Program Plan (IPP) must be developed and documented for each service recipient within seven (7) days of admission and must include:
 - (a) The service recipient's name;
 - (b) The date of the IPP's development;
 - (c) Standardized diagnostic formulation(s) including, but not limited to the current editions of the Diagnostic and Statistical Manual (DSM) and/or the International Statistical Classification of Diseases and Related Health Problems (ICD), and the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders (ASAM PPC);
 - (d) Specified service recipient problems which are to be addressed within the particular service/program component;
 - (e) Service recipient goals which are related to specified problems and which are to be addressed within the particular service/program component;
 - (f) Interventions addressing goals;
 - (g) Planned frequency of contact;
 - (h) Signatures of appropriate staff; and
 - (i) Documentation of the service recipient's participation in the treatment planning process.

0940-05-45-.07 Individual Program Plan Monitoring.

- (1) Progress notes which include written documentation of progress or changes occurring within the IPP must be made in the individual service recipient record for each treatment contact or on a weekly basis.
- (2) The facility must review and, if indicated, revise the IPP at least every thirty (30) days.

0940-05-45-.08 Service Recipient Record Requirements.

- (1) The service recipient record must include the following:
 - (a) Documentation on a medications log sheet of all medications prescribed or administered with the date of the prescription, date of administration, type, dosage, frequency, amount, and reason;
 - (b) Narrative summary review at least every thirty (30) days of all medications prescribed which includes specific reasons for prescribing and continuing each medication;
 - (c) A list of each individual article of each service recipient's personal property valued at \$100.00 or more including disposition, if no longer in use;
 - (d) Written accounts of all monies received and disbursed on behalf of the service recipient;
 - (e) Reports of health history, past and current;
 - (f) Reports of aggressive and/or disruptive behavior incidents;
 - (g) Reports of any instance of physical holding or restriction with documented justification and authorization;
 - (h) A discharge summary which states the date of discharge, reasons for discharge, status of the service recipient at the time of discharge and referral for other services, if appropriate; and
 - (i) An aftercare plan which specifies the type of contact, planned frequency of contact, and responsible staff; or documentation that the service recipient was offered aftercare but decided not to participate; or documentation that the service recipient dropped out of treatment and is therefore not available for aftercare planning; or verification that the service recipient is referred for further alcohol and drug treatment services.

0940-05-45-.09 Professional Services.

- (1) In addition to the alcohol and drug treatment services provided, the facility must provide services to service recipients to address their needs as indicated in the assessment/history in the areas of social, family, and peer interactions; employment and educational needs; financial status; emotional and psychological health; physical health; and community living skills and housing needs. Such services may be provided directly by the agency or indirectly by referral to other service providers. Referral agreements with frequently used providers must be documented. The provision of such services to individual service recipient must be documented in the service recipient record.

0940-05-45-.10 Service Recipient Medication Administration Requirements.

- (1) When supervising the administration of medication, the facility must consider the service recipient's self-management skills and ability.
- (2) The facility must ensure that prescription medications are taken only by service recipients for whom they are prescribed and in accordance with the directions of a qualified prescriber.

- (3) Discontinued and outdated medication and containers with worn, illegible, or missing labels must be disposed.
- (4) All medication errors, drug reactions, or suspected inappropriate medication use must be reported to the Medical Director of the facility who will report to the prescriber, if known.
- (5) Evidence of the current prescription of each medication taken by a service recipient must be maintained by the facility.
- (6) All direct service staff must be trained about medications used by the service recipient. This training must include information about the purpose and function of the medications, their major side effects and contraindications, and ways to recognize signs that medication is not being taken as prescribed or is ineffective for its prescribed purpose.
- (7) Staff must have access to medications at all times.
- (8) For any service recipient incapable of self-administration, all medications must be administered by personnel licensed to administer medication.
- (9) Schedule II drugs must be stored within two (2) separated locked compartments at all times and be accessible only to staff in charge of administering medication.
- (10) All medications and other medical preparations intended for internal or external human use must be stored in sanitary and secure medicine cabinets or drug rooms. Such cabinet or drug rooms must be kept securely locked when not in use and the key must be in the possession of the supervising nurse or other authorized staff. Locks in doors to medicine cabinets and drug rooms must be such that they require an action on the part of staff to lock and unlock.
- (11) Staff must document each time a service recipient self-administers medication or refuses a medication. This documentation must include the date, time, medication name, and dosage, as well as over the counter medication. This documentation must be made on the medication log sheet in the service recipient's record.

0940-05-45-.11 Health, Hygiene, and Grooming Provisions for Service Recipients.

- (1) The facility must have provisions that address the following health issues while the service recipient is at the facility;
 - (a) Nutritional needs;
 - (b) Exercise;
 - (c) Weight control;
 - (d) Adequate, uninterrupted sleep; and
 - (e) Designated smoking areas outside the building.
- (2) The facility must assist service recipients in independent exercise of health, hygiene, and grooming practices.
- (3) The facility must encourage the use of dental appliances, eyeglasses, and hearing aids, if used by service recipients.

- (4) The facility must encourage each service recipient to maintain a well-groomed and clean appearance that is age and activity appropriate and within reason of current acceptable styles of grooming, dressing, and appearance.

0940-05-45-.12 Service Recipient's Rights Provisions.

- (1) Service recipients must not be denied adequate food, treatment/rehabilitation activities, religious activities, mail or other contacts with families as punishment.
- (2) A service recipient must not be confined to his/her room or other place of isolation as punishment. This does not preclude requesting service recipients to remove themselves from potentially harmful situations in order to regain self-control.

Repeals

Chapter 0940-05-45 Minimum Program Requirements for Alcohol and Drug Abuse Residential Rehabilitation Treatment Facilities is repealed in its entirety.

Authority: T.C.A. §§ 4-4-103, 4-5-202, 4-5-204, 33-1-302, 33-1-305, 33-1-309, 33-2-301, 33-2-302, 33-2-404, and Executive Order 44 (February 23, 2007).

The rulemaking hearing rules set out herein were properly filed in the Department of State on the 27th day of August, 2008 and will become effective on the 10th day of November, 2008. (FS 08-21-08; DBID 2945)